

BUDGET CARRYOVER REQUEST FOR GREAT PARENTS, GREAT START FY 2007-2008 FUNDS

INSTRUCTIONS: Complete this request to carry over 2007-2008 funds. Show how the remaining FY 2007-2008 GP,GS funds will be spent from October 1, 2008 through the ending date of the extended carryover period. Do not include carryover funds from earlier grant awards in this request. The Budget Summary (1) and Budget Detail (2) must be prepared by or with the cooperation of the Business Office, using the School District Accounting Manual (Bulletin 1022). Note: 100 function codes are not used for GP,GS funds.

1. BUDGET SUMMARY

| | | | | | |
|---|---|---|---|--|--|
| LEGAL NAME OF INTERMEDIATE SCHOOL DISTRICT | | | | | |
| I.S.D. CODE (Five Characters) | <input type="checkbox"/> Carryover Request matching Initial Budget | <input type="checkbox"/> Carryover Request with request for Budget Amendment | PROJECT TYPE <input checked="" type="checkbox"/> Carryover | ENDING DATE OF CARRY OVER M M D D Y Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | FY of Approved Activity <div style="text-align: center; font-weight: bold; font-size: 1.2em;">2009</div> |

| FUNCTION CODE | FUNCTION TITLE | SALARIES (1000) | BENEFITS (2000) | PURCHASED SERVICES (3000, 4000) | SUPPLIES & MATERIALS (5000) | CAPITAL OUTLAY (6000) | OTHER EXPENSES (7000, 8000) | TOTAL* (See box below) |
|---------------|---|-----------------|-----------------|---------------------------------|-----------------------------|-----------------------|-----------------------------|------------------------|
| 110 | Instruction – Basic Programs | | | | | | | |
| 120 | Instruction – Added Needs | | | | | | | |
| 130 | Instruction – Adult/Continuing Ed. | | | | | | | |
| 210 | Pupil Support Services | | | | | | | |
| 220 | Instructional Staff Services | | | | | | | |
| 230 | General Administration | | | | | | | |
| 240 | School Administration | | | | | | | |
| 250 | Business Services | | | | | | | |
| 260 | Operation and Maintenance | | | | | | | |
| 270 | Pupil Transportation Services | | | | | | | |
| 280 | Central Support Services | | | | | | | |
| 290 | Other Support Services | | | | | | | |
| 300 | Community Services | | | | | | | |
| 400 | Outgoing Transfers & Other Transactions | | | | | | | |
| | TOTAL AMOUNT TO BE CARRIED OVER | | | | | | | |

2. BUDGET DETAIL---*Must be provided*

Explain each line item that appears on the Budget Carryover Request, using the indicated function code and title, on forms provided.

MDE certifies the report is complete and meets the program requirements set forth in statute.

TOTAL AMOUNT TO BE CARRIED OVER

Department of Education Share of Expenditures

Local Share of Expenditures (Block A Minus Block B)

| |
|---|
| A |
| B |
| C |

| | | |
|------|-----------|--|
| DATE | SIGNATURE | BUSINESS OFFICE REPRESENTATIVE (Type or Print) |
| DATE | SIGNATURE | PROJECT CONTACT PERSON (Type or Print) Colleen O'Connor |
| DATE | SIGNATURE | M.D.E. CONTACT PERSON (Type or Print) |